

# Health Information Management Module: Requesting Information

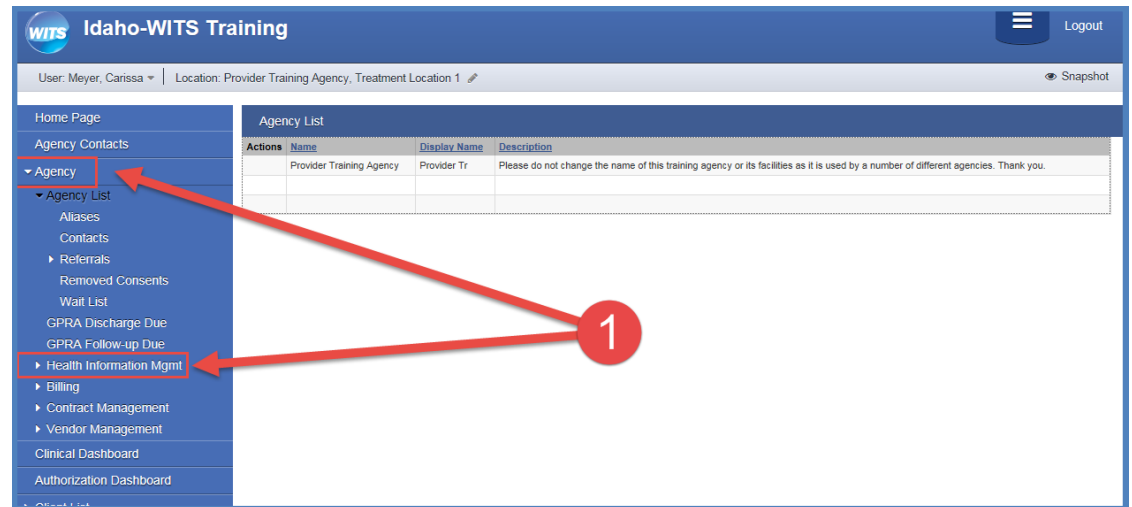
Document a Request of Information sent to another agency

- Creating a Release of Information
- Resolving a Release of Information
- Viewing the History of a Release of Information

## Creating a Release of Information

1. **Getting here:** Login, click Agency and click Health Information Mgmt on the Navigation Pane (left menu).

***Note:** When searching for a client on the Release of Health Information Search screen, client names will only display after a disclosure or a request for their records has been created.*



3. **Select the Client Name.**

2

The screenshot shows the 'Request of Information Profile' page in the Idaho-WITS Training system. At the top, there is a blue header with the WITS logo and 'Idaho-WITS Training'. Below the header, a navigation menu on the left lists various system functions. The main content area is titled 'Request of Information Profile'. A red box highlights the client information at the top, including 'Client Name: 02, Red', 'Age: 32', 'DOB: 10/6/1983', 'Gender: Male', 'Unique Client No.: 11006183223118E', and 'SSN: 2231'. Another red box highlights the dropdown menu for selecting a client, which shows a list of clients. A red arrow points from the dropdown menu to the client information box, with a red circle containing the number 3 next to it.

WITS Idaho-WITS Training

User: Meyer, Carissa ▾ Location: Provider Training Agency, Treatment Location 1 ▾ Snapshot

Home Page

Agency Contacts

Agency

Agency List

GPRA Discharge Due

GPRA Follow-up Due

Health Information Mgmt

Release of Information

Addressees

Billing

Contract Management

Vendor Management

Clinical Dashboard

Authorization Dashboard

Client List

System Administration

Reports

Request of Information Profile

Client Name: 02, Red Unique Client No.: 11006183223118E

Age: 32 SSN: 2231

DOB: 10/6/1983

Gender: Male

Client Name: 02, Red (11006183223118E)

HIM Staff

Status

02, Red (11006183223118E)

19-2524, A (306131580000014)

2013, April (20420188000001P)

A, Client (20625185451203L)

aaaaa, Jason (105031770000010A)

Aardvark, Denise (20401184000004E)

Abbott, Peter (104051960000016E)

Ackerson, Susan (210151700000019U)

Adams, Robert (106011830000010O)

Request Date

Records Requested

Records Requested

Address Line 1

Address Line 2

City

State

ZIP Code

Information Requested

3

4. Select the Request Date.

Idaho-WITS Training

User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1 | Snapshot

Request of Information Profile

Client Name: 02, Red | Unique Client No.: 11006183223118E  
Age: 32 | SSN: 2231  
DOB: 10/6/1983  
Gender: Male

Client Name: 02, Red (11006183223118E)  
HIM Staff: Meyer, Carissa  
Status: Pending | Resolved Reason:

Request Date:

Requested Information

Records Requested Dates: From To

Records Requested By:

Addressee: Add Addressee  
Contact Name:   
Address Line 1:   
Address Line 2:   
City: State: ZIP Code:   
Information Requested:

Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

5. Enter the Records Requested Dates in the From and To fields.

Idaho-WITS Training

User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1 | Snapshot

Request of Information Profile

Client Name: 02, Red | Unique Client No.: 11006183223118E  
Age: 32 | SSN: 2231  
DOB: 10/6/1983  
Gender: Male

Client Name: 02, Red (11006183223118E)  
HIM Staff: Meyer, Carissa  
Status: Pending | Resolved Reason:

Request Date: 03/15/2016

Requested Information

Records Requested Dates: From To

Records Requested By:

Addressee: Add Addressee  
Contact Name:   
Address Line 1:   
Address Line 2:   
City: State: ZIP Code:   
Information Requested:

6. Select the Addressee or click Add Addressee.

Idaho-WITS Training

User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1

Home Page  
Agency Contacts  
▼ Agency  
    ▶ Agency List  
    ▶ GPRA Discharge Due  
    ▶ GPRA Follow-up Due  
    ▼ Health Information Mgmt  
        Release of Information Addressees  
    ▶ Billing  
    ▶ Contract Management  
    ▶ Vendor Management  
Clinical Dashboard  
Authorization Dashboard  
▶ Client List  
▶ System Administration  
Reports

Request of Information Profile

Client Name: 02, Red      Unique Client No.: 11006183223118E  
Age: 32      DOB: 10/6/1983      SSN: 2231  
Gender: Male

Client Name: 02, Red (11006183223118E)      Request Date: 03/15/2016  
HIM Staff: Meyer, Carissa  
Status: Pending      Resolved Reason:

Requested Information

Records Requested Dates: From To

Records Requested By:

Addressee      Add Addressee  
Contact Name      Phone #  
Address Line 1      Fax #  
Address Line 2  
City      State      ZIP Code  
Information Requested

7. Complete all appropriate fields for the Addressee and click Save.

Idaho-WITS Training

User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1

Home Page  
Agency Contacts  
▼ Agency  
    ▶ Agency List  
    ▶ GPRA Discharge Due  
    ▶ GPRA Follow-up Due  
    ▼ Health Information Mgmt  
        Release of Information Addressees  
    ▶ Billing  
    ▶ Contract Management  
    ▶ Vendor Management  
Clinical Dashboard  
Authorization Dashboard  
▶ Client List  
▶ System Administration  
Reports

Health Information Management Addressee List      Add New Addressee

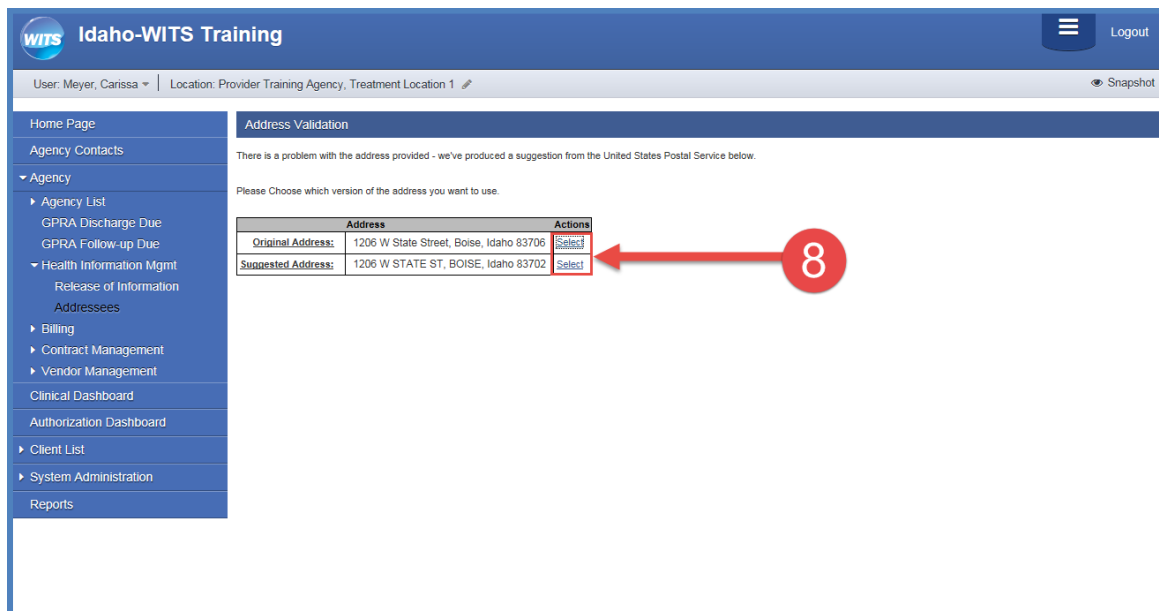
Actions	Addressee	Effective Date	Expiration Date
	Provider One	3/15/2016	
	Provider Two	3/15/2016	
	provider three	3/15/2016	
	Provider Four	3/24/2016	

Health Information Management Addressee Profile

Addressee Name: Provider Five      Phone #  
Contact Name      Fax #  
Address Line 1: 1206 W State Street  
Address Line 2  
City: Boise      State: ID      ZIP Code: 83706  
Effective Date: 3/28/2016  
Expiration Date

Cancel      Save      Finish

8. WITS will check the address entered against the United States Postal Service database.  
**Click Select** as appropriate.



Idaho-WITS Training

User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1 | Snapshot

Home Page  
Agency Contacts  
▼ Agency  
    ▶ Agency List  
        GPRA Discharge Due  
        GPRA Follow-up Due  
    ▼ Health Information Mgmt  
        Release of Information Addressees  
    ▶ Billing  
    ▶ Contract Management  
    ▶ Vendor Management  
Clinical Dashboard  
Authorization Dashboard  
▶ Client List  
▶ System Administration  
Reports

Address Validation

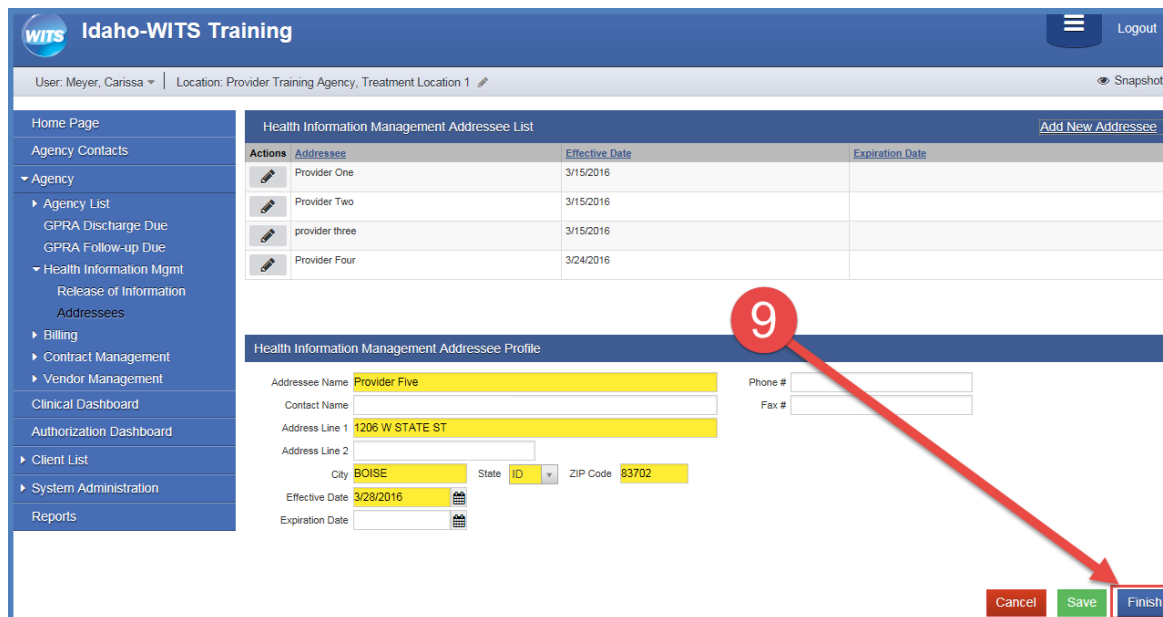
There is a problem with the address provided - we've produced a suggestion from the United States Postal Service below.

Please Choose which version of the address you want to use.

	Address	Actions
Original Address:	1206 W State Street, Boise, Idaho 83706	Select
Suggested Address:	1206 W STATE ST, BOISE, Idaho 83702	Select

9. **Click Finish.**

***Note: The completed Addressee information will populate the Requested Information section on the Disclosure of Information Profile.***



Idaho-WITS Training

User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1 | Snapshot

Home Page  
Agency Contacts  
▼ Agency  
    ▶ Agency List  
        GPRA Discharge Due  
        GPRA Follow-up Due  
    ▼ Health Information Mgmt  
        Release of Information Addressees  
    ▶ Billing  
    ▶ Contract Management  
    ▶ Vendor Management  
Clinical Dashboard  
Authorization Dashboard  
▶ Client List  
▶ System Administration  
Reports

Health Information Management Addressee List

Actions	Addressee	Effective Date	Expiration Date
	Provider One	3/15/2016	
	Provider Two	3/15/2016	
	provider three	3/15/2016	
	Provider Four	3/24/2016	

[Add New Addressee](#)

Health Information Management Addressee Profile

Addressee Name: **Provider Five**

Contact Name:

Address Line 1: **1206 W STATE ST**

Address Line 2:

City: **BOISE** State: **ID** ZIP Code: **83702**

Effective Date: **3/28/2016**

Expiration Date:

Phone #:

Fax #:

Cancel Save **Finish**

10. Enter the Information Requested.

Page

Request of Information Profile

Client Name: 02, Red      Unique Client No.: 11006183223118E  
Age: 32      SSN: 2231  
DOB: 10/6/1983  
Gender: Male

Client Name: 02, Red (11006183223118E)      Request Date: 3/15/2016  
HIM Staff: Meyer, Carissa  
Status: Pending      Resolved Reason:

Requested Information

Records Requested Dates:  
From: 3/1/2016      To: 3/15/2016

Records Requested By:

Addressee: Provider Five      Add Addressee  
Contact Name:      Phone #:        
Address Line 1: 1206 W STATE ST      Fax #:        
Address Line 2:        
City: BOISE      State: ID      ZIP Code: 83702

Information Requested: [Redacted]

Response Information

Response Received Date: 3/16/2016  
Information Received: Information Received

11. Enter any other required information in the  
Comment section and click Finish.

Vendor Management  
Clinical Dashboard  
Authorization Dashboard  
Client List  
System Administration  
Reports

Records Requested Dates:  
From: 3/1/2016      To: 3/15/2016

Records Requested By:

Addressee: Provider Five      Add Addressee  
Contact Name:      Phone #:        
Address Line 1: 1206 W STATE ST      Fax #:        
Address Line 2:        
City: BOISE      State: ID      ZIP Code: 83702

Information Requested: [Redacted]

Response Information

Response Received Date: 3/16/2016  
Information Received: Information Received

Comments: [Redacted]

Administrative Actions  
[View History](#)      [Request Letter](#)

Cancel      Save      Finish

# Resolving a Request of Information

12. Update the Status to Resolved and select a Resolved Reason.

Request of Information Profile

Client Name: 02, Red      Unique Client No.: 11006183223118E  
Age: 32      SSN: 2231  
DOB: 10/6/1983  
Gender: Male

Client Name: 02, Red (11006183223118E)      Request Date: 3/15/2016

HIM Staff: Meyer, Carissa

Status: **Resolved**      Resolved Reason: **Completed**

Requested Information

Records Requested Dates: From 3/1/2016 To 3/15/2016

Records Requested By: Provider Five

Address: Provider Five      Add Addressee

Contact Name:      Phone #:      Fax #:      Address Line 1: 1206 W STATE ST      Address Line 2:      City: BOISE      State: ID      ZIP Code: 83702

Information Requested: [Redacted]

Response Information

Response Received Date: 3/16/2016

13. Complete the required Response Information fields.

Records Requested Dates: From 3/1/2016 To 3/15/2016

Records Requested By: Provider Five

Address: Provider Five      Add Addressee

Contact Name:      Phone #:      Fax #:      Address Line 1: 1206 W STATE ST      Address Line 2:      City: BOISE      State: ID      ZIP Code: 83702

Information Requested: [Redacted]

Response Information

Response Received Date: 3/16/2016

Information Received: [Redacted]

Comments: [Redacted]

Administrative Actions

[View History](#)      [Request Letter](#)

**Cancel**      **Save**      **Finish**

14. Click Save.

This screenshot shows a web application interface for managing records requests. On the left is a blue sidebar menu with options: Vendor Management, Clinical Dashboard, Authorization Dashboard, Client List, System Administration, and Reports. The main content area is titled 'Records Requested Dates' with a date range from 3/1/2016 to 3/15/2016. Below this is a section 'Records Requested By:' containing fields for Addressee (Provider Five), Contact Name, Address Line 1 (1206 W STATE ST), Address Line 2, City (BOISE), State (ID), and ZIP Code (83702). There are also fields for Phone # and Fax #. A large red circle with the number '14' is positioned over the 'Save' button at the bottom right of the form. A red arrow points from this circle to the 'Save' button. Other buttons visible are 'Cancel' and 'Finish'.


15. The Release becomes read-only. Click Finish.

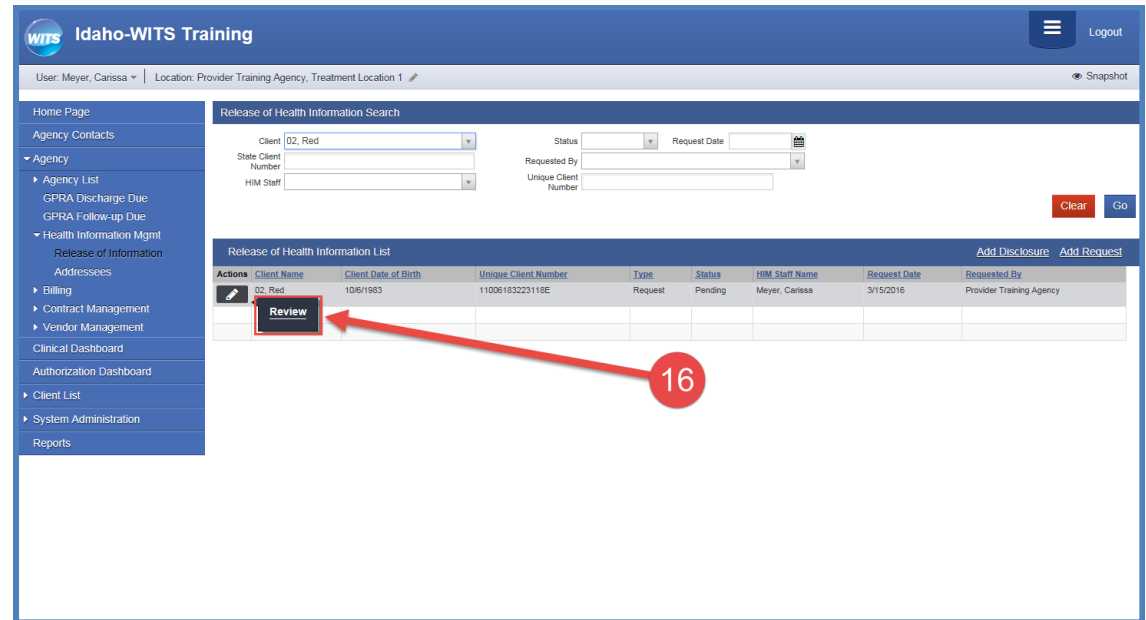
**Note: Update the Status to Pending and click Save to make edits to the record.**

This screenshot shows the same web application interface as the previous one, but with the status of the record updated to 'Pending'. The 'Status' field is now 'Pending' and highlighted in yellow. The 'Request Date' is 3/15/2016. The 'Records Requested' section is now read-only, with fields for Addressee, Contact Name, Address Line 1, Address Line 2, City, State, and ZIP Code. A large red circle with the number '15' is positioned over the 'Finish' button at the bottom right of the form. A red arrow points from this circle to the 'Finish' button. Other buttons visible are 'Cancel' and 'Save'.



# Creating a Request Letter

16. On the Health Information Mgmt screen, **hover**  **next to the appropriate Release** **and click Review.**



Idaho-WITS Training

User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1 | Snapshot

Home Page

Agency Contacts

Agency

- Agency List
- GPRA Discharge Due
- GPRA Follow-up Due
- Health Information Mgmt
  - Release of Information
  - Addressses
  - Billing
  - Contract Management
  - Vendor Management
  - Clinical Dashboard
  - Authorization Dashboard
  - Client List
  - System Administration
  - Reports

Release of Health Information Search

Client: 02, Red | Status: | Request Date: |


State Client Number: | Requested By: |

HIM Staff: | Unique Client Number: |

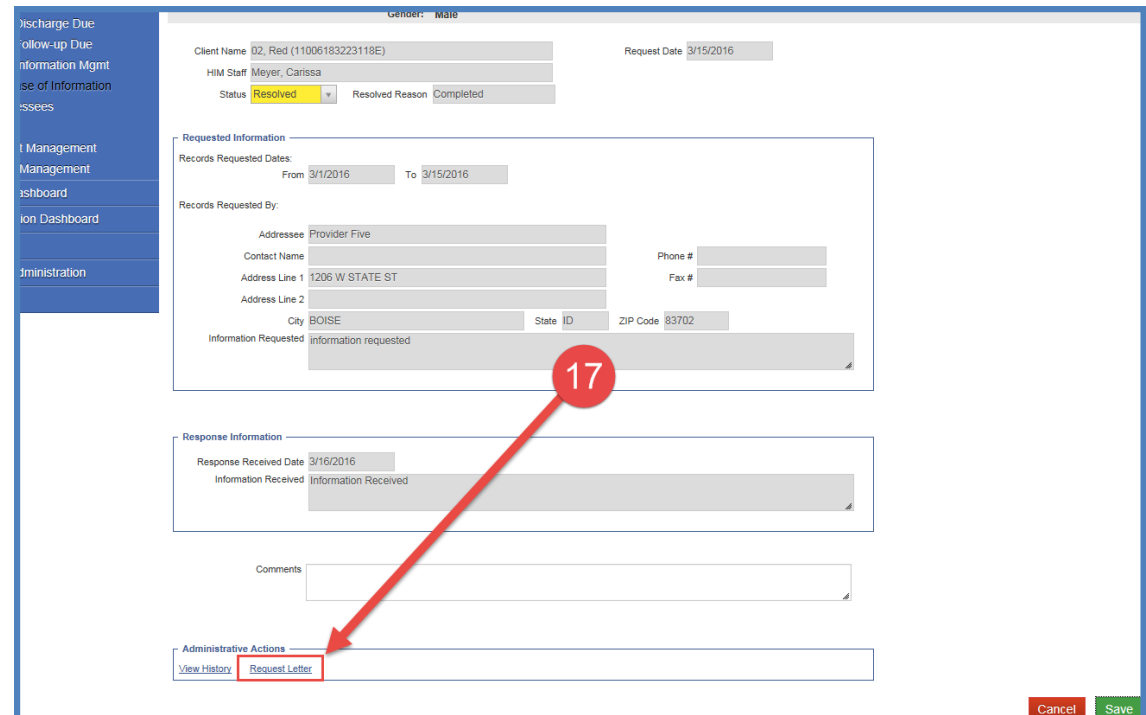
Clear Go

Release of Health Information List

Add Disclosure Add Request

Actions	Client Name	Client Date of Birth	Unique Client Number	Type	Status	HIM Staff Name	Request Date	Requested By
 Review	02, Red	10/6/1983	11006183223118E	Request	Pending	Meyer, Carissa	3/15/2016	Provider Training Agency

17. Select **Request Letter** from the Administrative Actions box at the bottom of the page.



Gender: Male

Client Name: 02, Red (11006183223118E) | Request Date: 3/15/2016

HIM Staff: Meyer, Carissa

Status: Resolved | Resolved Reason: Completed

Requested Information

Records Requested Dates: From 3/1/2016 To 3/15/2016

Records Requested By:

Addressee: Provider Five

Contact Name: | Phone #: |

Address Line 1: 1206 W STATE ST | Fax #: |

Address Line 2: |

City: BOISE | State: ID | ZIP Code: 83702

Information Requested: information requested

Response Information

Response Received Date: 3/16/2016

Information Received: Information Received

Comments: |

Administrative Actions

View History Request Letter

Cancel Save

18. The Request Letter will open in a new window.  
**Close the window** when finished.

Need another section on Viewing the History.

Health Information Management Letter  
Provider Training Agency  
123 Main St  
Boise, ID 87302  
Telephone: (208) 888-8888      Fax:

18


Provider Five  
1206 W STATE ST  
BOISE, Idaho 83702

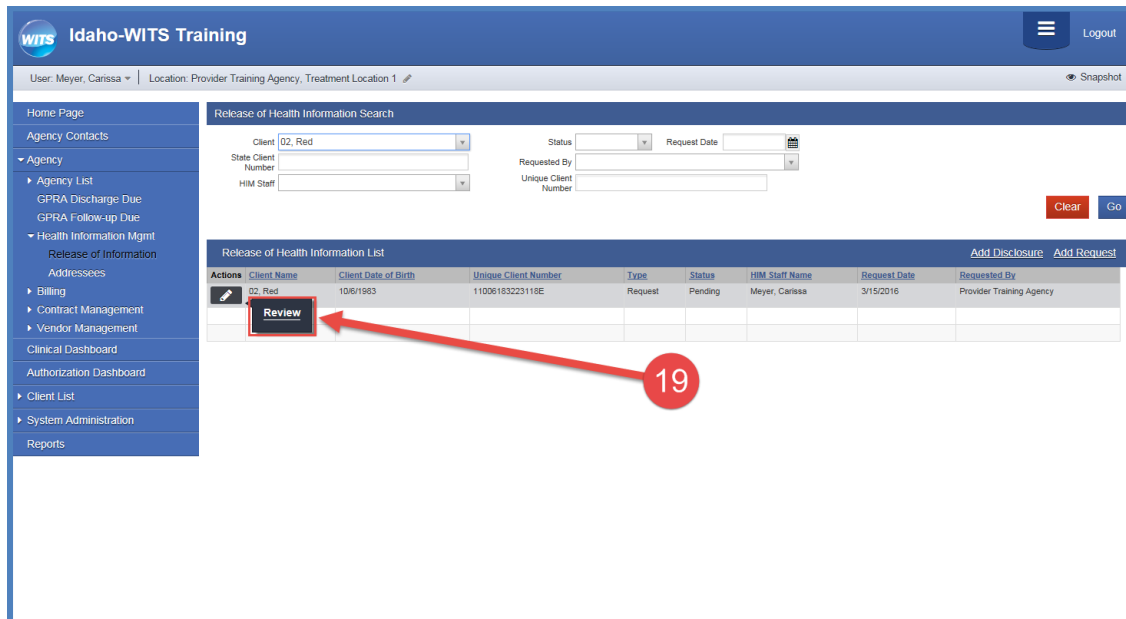
Date: 03/01/2016 - 03/15/2016  
RE: 02, Red  
DOB: 10/06/1983

To Whom It May Concern:

The above noted individual is presently receiving treatment at Provider Training Agency and has authorized the release of information from his/her record including:

## Viewing the History of a Release of Information

19. On the Health Information Mgmt screen, **hover**  **next to the appropriate Release** and click **Review**.



Idaho-WITS Training


User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1 | Snapshot

Home Page | Agency Contacts | Agency | Agency List | GPRA Discharge Due | GPRA Follow-up Due | Health Information Mgmt | Release of Information | Addressee | Billing | Contract Management | Vendor Management | Clinical Dashboard | Authorization Dashboard | Client List | System Administration | Reports

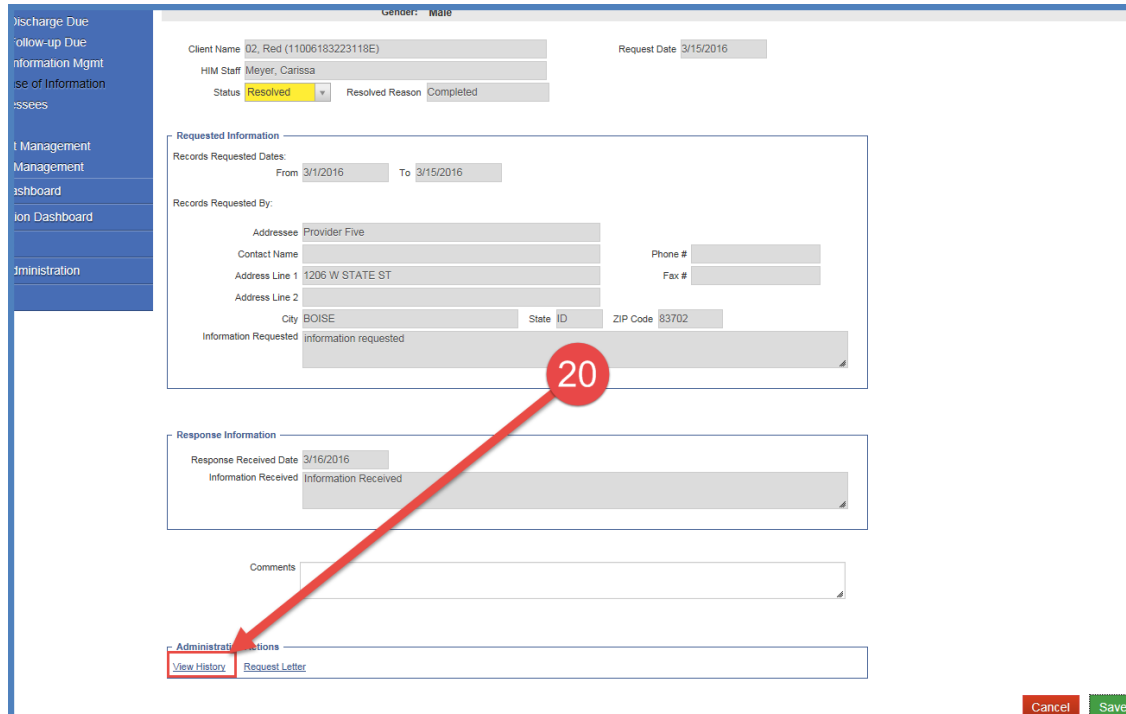
Release of Health Information Search

Client: 02, Red | Status: | Request Date: | State Client Number: | Requested By: | HIM Staff: | Unique Client Number: | Clear | Go

Release of Health Information List

Actions	Client Name	Client Date of Birth	Unique Client Number	Type	Status	HIM Staff Name	Request Date	Requested By
 <b>Review</b>	02, Red	10/6/1983	11006183223118E	Request	Pending	Meyer, Carissa	3/15/2016	Provider Training Agency

20. Select **View History** from the Administrative Actions box at the bottom of the page.



Gender: Male

Client Name: 02, Red (11006183223118E) | Request Date: 3/15/2016

HIM Staff: Meyer, Carissa

Status: Resolved | Resolved Reason: Completed

Requested Information

Records Requested Dates: From 3/1/2016 To 3/15/2016

Records Requested By:

Addressee: Provider Five

Contact Name: | Phone #: |

Address Line 1: 1206 W STATE ST | Fax #: |

Address Line 2: |

City: BOISE | State: ID | ZIP Code: 83702

Information Requested: information requested

Response Information

Response Received Date: 3/16/2016

Information Received: |

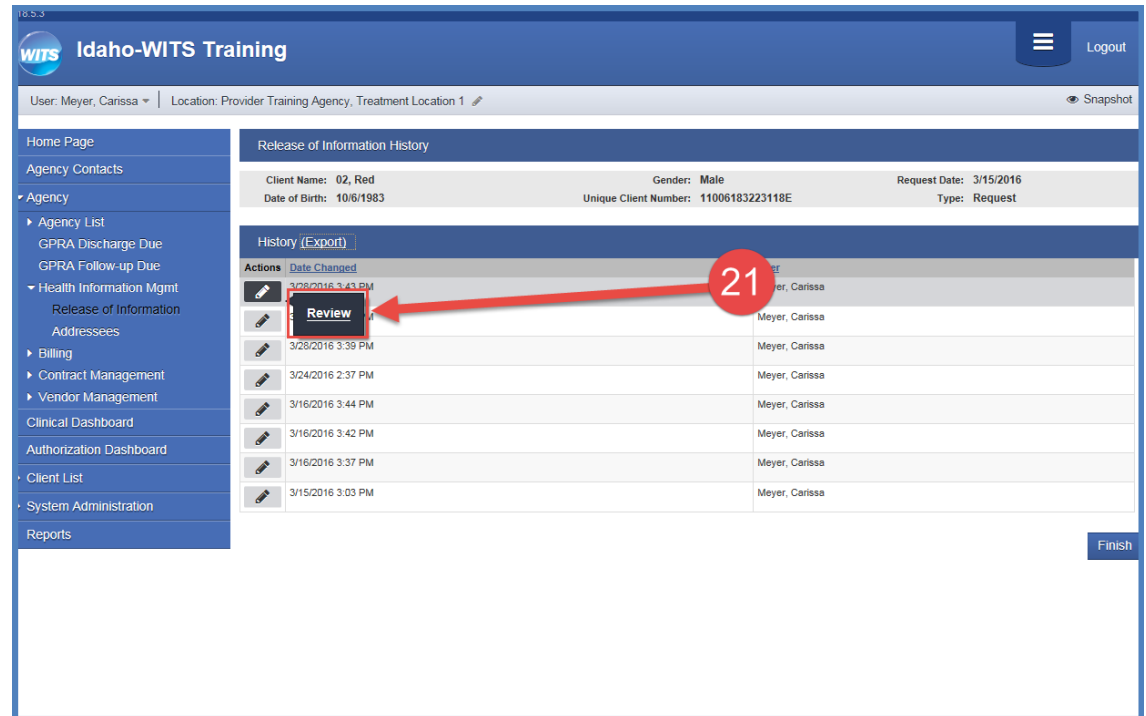
Comments: |

Administrative Actions

**View History** | Request Letter

Cancel | Save

21. Hover over the  next to the appropriate History item and click Review.



Idaho-WITS Training








User: Meyer, Carissa | Location: Provider Training Agency, Treatment Location 1 | Snapshot

Home Page  
Agency Contacts  
Agency  
Agency List  
GPRA Discharge Due  
GPRA Follow-up Due  
Health Information Mgmt  
Release of Information  
Addressees  
Billing  
Contract Management  
Vendor Management  
Clinical Dashboard  
Authorization Dashboard  
Client List  
System Administration  
Reports

Release of Information History

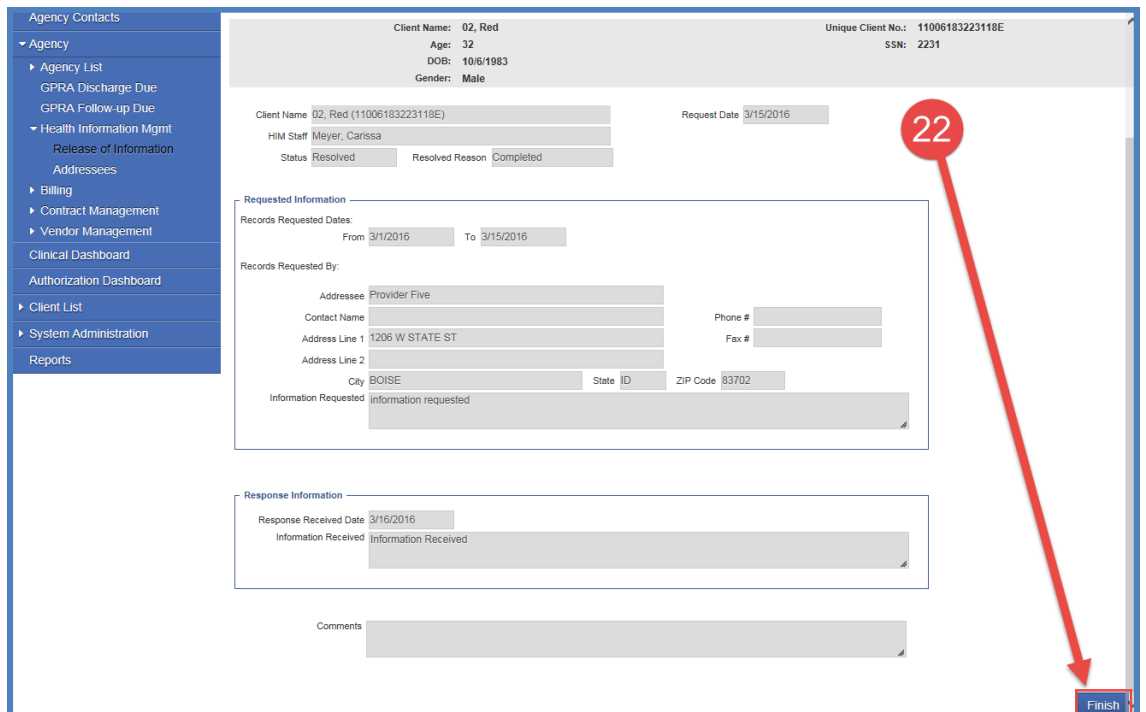
Client Name: 02, Red | Gender: Male | Request Date: 3/15/2016  
Date of Birth: 10/6/1983 | Unique Client Number: 11006183223118E | Type: Request

History (Export)

Actions	Date Changed	Name
 Review	3/26/2016 3:43 PM	Meyer, Carissa
	3/26/2016 3:39 PM	Meyer, Carissa
	3/24/2016 2:37 PM	Meyer, Carissa
	3/16/2016 3:44 PM	Meyer, Carissa
	3/16/2016 3:42 PM	Meyer, Carissa
	3/16/2016 3:37 PM	Meyer, Carissa
	3/15/2016 3:03 PM	Meyer, Carissa

Finish

22. The record is read-only. Click Finish.



Agency Contacts  
Agency  
Agency List  
GPRA Discharge Due  
GPRA Follow-up Due  
Health Information Mgmt  
Release of Information  
Addressees  
Billing  
Contract Management  
Vendor Management  
Clinical Dashboard  
Authorization Dashboard  
Client List  
System Administration  
Reports

Client Name: 02, Red | Unique Client No.: 11006183223118E  
Age: 32 | SSN: 2231  
DOB: 10/6/1983  
Gender: Male

Client Name: 02, Red (11006183223118E) | Request Date: 3/15/2016  
HIM Staff: Meyer, Carissa  
Status: Resolved | Resolved Reason: Completed

Requested Information

Records Requested Dates: From 3/1/2016 To 3/15/2016

Records Requested By:

Addressee: Provider Five  
Contact Name: | Phone #: |  
Address Line 1: 1206 W STATE ST | Fax #: |  
Address Line 2: |  
City: BOISE | State: ID | ZIP Code: 83702  
Information Requested: Information requested

Response Information

Response Received Date: 3/16/2016  
Information Received: Information Received

Comments:

Finish